



THE COMMONWEALTH OF MASSACHUSETTS
Department of Labor & Workforce Development
Division of Occupational Safety
399 Washington Street, 5th Floor
Boston, MA 02108
(617)727-7047 (800) 425-0004 (MA Only)
Fax (617)727-7568
Homepage: www.state.ma.us/dos

APPLICATION FOR CERTIFICATION AS
DELEADER-WORKER
(In accordance with the provisions of
M.G.L. c. 111, §. 189A-199B)

FOR DOS USE ONLY

☐ Initial Application

☐ Renewal Application

☐ Duplicate Application

Certificate # _____

Issue Date _____

Reviewer _____

Please complete each section below by printing or typing the information, attaching all required documentation, and signing the application.

1. **APPLICANT INFORMATION**

Name _____ Social Security # _____ Date of Birth _____

Residence (Street) _____ Tel # (____) _____

City/Town _____ State _____ Zip _____

Employer _____

City/Town _____ State _____ Zip _____

Mailing Address (if different from above) _____

2. **ATTACHMENTS TO BE SUBMITTED WITH THE APPLICATION:**

- a. Original Lead training certificates, or legible copies thereof, indicating successful completion of the applicable initial and refresher training requirements specified by 454 CMR 22.08(2), 22.08(4)(b), and/or 454 CMR 22.08(4)(f).
Original training certificates will be returned after review of the application.
- b. Proof that the applicant is 18 years of age or older.
- c. Proof that the applicant has successfully passed a medical examination, as specified by 29 CFR Part 1926.62, within the three months prior to application.
- d. The results of all blood lead and Zpp monitoring conducted on the applicant in the three-month period prior to application.
- e. **A money order or certified bank check, payable to the Commonwealth of Massachusetts, Division of Occupational Safety, in the amount of the entire annual fee of \$50.00 for initial or renewal license, or \$45.00 for a duplicate license.** If the Director denies, revokes, suspends or refuses to renew a license for reasons specified in 454 CMR 22.04(2), the payment is not refundable.

3. **PAYMENT OF TAX OBLIGATIONS**

I, _____, do hereby state, under the pains and penalties of perjury, that I have paid all tax obligations
(PRINT NAME) current and due to the Commonwealth as of the date of application, that I have read and understand the Commonwealth of
Massachusetts Deleading Regulations, 454 CMR 22.00, and that all information contained herein, including any supplements attached hereto, is true and correct to the
best of my knowledge and belief.

SIGNATURE _____

DATE _____ 07-2003

APPLICANTS FOR CERTIFICATION SHALL APPLY IN PERSON AT ONE OF THE DOS OFFICES LISTED BELOW:

MONDAY 399 Washington Street, 5th Floor, Boston, MA 02108 (617)727-7047/1933
TUESDAY 165 Liberty Street, Springfield, MA 01102 (413)781-2676
WEDNESDAY 4 Summer Street, Room 212, Haverhill, MA 01830 (978)372-9797
THURSDAY 1213 Purchase Street, 2nd Floor, New Bedford, MA 02740 (508)984-7718
FRIDAY BY APPOINTMENT ONLY 1001 Watertown Street, 2nd Floor, W. Newton, MA 02465-2148 (617) 969-7177
WEDNESDAY BY APPOINTMENT ONLY 167 Lyman Street, Westboro, MA 01581 (508)792-7225